

**CATEGORY: BREASTFEEDING**

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
BE	Breastfeeding, Exclusively	002 003 900  232(b) 301 426(a) 910	1 1 1  1 1 1 1	Milk - fl/dry/evap –1 _ gal Milk - fl/dry/evap -2 gal Milk - fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 2 lb dry Cheese - 1 lb Carrots - 2 lbs Tuna - 4 cans (6 or 6 1/8 oz)
BEL	Breastfeeding, Exclusively <i>Low Lactose</i>	005 006 901  232(b) 301 426(a) 910	1 1 1  1 1 1 1	Lactose Free Milk/Acidophilus – 1 _ gal Lactose Free Milk/Acidophilus - 2 gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 2 lb dry Cheese- 1 lb Carrots - 2 lb Tuna - 4 cans (6 or 6 1/8 oz)
BEH	Breastfeeding, Exclusively <i>Homeless</i>	010 100 265(b) 301 402  428 500 450	11 3 7 1 2  2 2 2	Milk - fl/evap - _ gal Cheese - 1 lb block Juice - bottled, as selected Cereal - 36 oz Peanut Butter - 1 jar (18-24 oz) or 2 jars (12 oz each) Beans - 2 cans (14-16 oz) Tuna – 2 cans (6 or 6 1/8 oz) Carrots - 1 lb

**FOOTNOTES:**

- Indicates the food item number for the “default” food or formula.
- Indicates an example juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.
- Indicates an example therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

\*FMC = Formulas for Medical Conditions. (Formerly called: Therapeutic Formula)

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BC1	Breastfeeding and Formula Combination 1	002 003 900  231(b) 301 425(a)	1 1 1  1 1 1	Milk - fl/dry/evap-1 _ gal Milk - fl/dry/evap -2 gal Milk - fluid only- 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
BC1L	Breastfeeding and Formula Combination 1, <i>Low Lactose</i>	005 006 901  231(b) 301 425(a)	1 1 1  1 1 1	Lactose Free Milk/Acidophilus – 1 _ gal Lactose Free Milk/Acidophilus – 2 gal Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz Beans - 1 lb dry
BC2	Breastfeeding and Formula Combination 2	001 002 900  229(b) 301	1 1 1  1 1	Milk - fl/dry/evap - 1 gal Milk - fl/dry/evap - 1 _ gal Milk – fluid only - 2 gal Cheese - 2 lb block Eggs - 2 doz Juice – as selected Cereal - 36 oz
BC2L	Breastfeeding and Formula Combination 2, <i>Low Lactose</i>	004 005 901  229(b) 301	1 1 1  1 1	Lactose Free Milk/Acidophilus –1 gal Lactose Free Milk/Acidophilus –1 _ gal Lactose Free Milk/Acidophilus – 2 gal Cheese - 2 lb block Eggs - 2 doz Juice - as selected Cereal - 36 oz

**FOOTNOTES:**

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BCH	Breastfeeding Combination, <i>Homeless</i>	010 100 265(b) 301 402  428	11 1 6 1 1  2	Milk - fl/evap - _ gal Cheese - 1 lb block Juice - bottled, as selected Cereal - 36 oz Peanut Butter - 1 jar (18-24 oz) or 2 jars (12 oz each) Beans - 2 cans (14-16 oz)
BFCS	Breastfeeding, Needing Formula -Contract	228(b) 301 728(a) 729(a)	1 1 1 1	Juice - as selected Cereal - 36 oz Formula - 4 cans powdered Similac Advance Formula - 5 cans powdered Similac Advance

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- a. Indicates the food item number for the “default” food or formula.
- b. Indicates an example juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.
- c. Indicates an example therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

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